

MARYLAND TRAUMA PHYSICIAN SERVICES FUND

Physician Information Bulletin # 15

SIGNIFICANT CHANGES AND EXPANSION IN PHYSICIAN ELIGIBILITY FOR REIMBURSEMENT OF UNCOMPENSATED CARE APPLICATIONS

House Bill 1164 (Trauma Reimbursement and Grants) passed in the 2006 Session of the Maryland General Assembly expands eligibility to the Maryland Trauma Physician Services Fund. This PIB summarizes changes made in law and the changes made in application submission.

A. Effective July 1, 2006, any physician that treats an uninsured trauma patient is eligible for uncompensated care and Medicaid shortfall payments. ***Note: This expansion in eligibility will increase the volume of claims that are submitted for uncompensated care payment. MHCC will award a contract to a third-party administrator to assist in claim adjudication. The current uncompensated care application will no longer be used. More information on the new application form will be forthcoming (see PIB #16).***

B. The cost of uncompensated care or under-compensated care incurred by a trauma physician in providing trauma care to the uninsured patients or enrollees of the Maryland Medical Assistance Program on a State trauma registry will continue to be reimbursed at a rate up to 100% of the Medicare payment minus any amount recovered from the uninsured patient or paid by the Maryland Medical Assistance Program.

C. Physicians providing care at three specialty referrals centers are now able to submit UC applications to the Fund: (1) The Johns Hopkins Health System Burn Program; (2) The Eye

Trauma Center at The Wilmer Eye Institute at the Johns Hopkins Hospital, and (3) The Curtis National Hand Center at Union Memorial Hospital.

D. The on-call allowance has been increased for Level II trauma centers at a rate up to 30% of the reasonable cost equivalents (RCE) hourly rate for each specialty. Each Level II center is eligible for an annual maximum of 24, 500 hours of on-call trauma care. Level III trauma centers increased at a rate up to 35% of the RCE's for each specialty. Each Level III center is eligible for an annual maximum of 35, 040 hours of on-call trauma care.

E. An increase in the standby grant amount for Children's National Medical Center has changed from \$275,000 to \$490,000.

F. The total amount of uncompensated care payments to emergency room physicians has increased from \$250,000 to \$275,000 annually.

G. The MHCC will also implement the following changes under its authority to develop the methodology for payment under the Trauma Fund. Follow up care is eligible for reimbursement if it is directly related to the initial trauma injury and is treated at a trauma center. A diagnosis code between 800.00 and 959.99 must be used for reimbursement of follow up care. If a diagnosis code is not used between 800.00 and 959.99, a supplementary classification code between E800.0 and E999 must appear as a secondary diagnosis.

Current News

- ◆ MHCC, the Maryland Institute for Emergency Medical Services Systems (MIEMSS), and the Health Services Cost Review Commission (HSCRC) will release the trauma equipment grant applications for Level II and III trauma centers on November 13, 2006. Each trauma center is eligible for up to \$425,000 in grant funding.